

CITY OF JANESVILLE

Motor Vehicle Salvage Dealer Application (LP) Licensing Period: July 1 through June 30

Attach to Application:

New Plat, Survey, or Drawii

Plat, Survey, or Drawing as Described Below
Copy of WI Motor Vehicle Salvage Dealer

Fee: \$220.00 City Ordinance: 5.64

☐ Renewal License City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued. Fee is non-refundable. Company Trade Name: Company Phone #: Company Address: Street City State Owner's Legal Name: Owner's Phone #: Manager's Legal Name: Home Phone #: Manager's Home Address: State City Date of Birth: Social Security Number: Previous Address: List all Owners, Partners, Associates, and Corporate Officers: City of Janesville Rock County Resident Legal Name Address Resident Citizen of USA ____Years ____Months ____Years ____Months ____Yes ____No ____Years ____Months ____Yes ____No Years Months ____Yes ____No ____Years ____Months ____Years ____Months ____Years ____Months ____Yes ____No ____Yes ____No Years Months Years Months Legal Description of Premises: Describe the type of business to be carried on and the type and character of goods to be handled: Required: 1. A plat, survey, or drawing showing the boundary lines of the premises, the location and outline of any building located thereon, the type of zoning, street, curb, and sidewalk lines, building setback lines, and the location and outline of any residences, apartments, stores, businesses, or industries within 500 feet of the boundaries of said premises. The plats shall also disclose whether the applicant shall accumulate or store any junked automobiles or parts thereof outside of any building, the proposed quantity thereof, and the proposed manner of storing same. 2. A photocopy or certified copy of the Motor Vehicle Salvage Dealer's License required by the State of Wisconsin under Section 218.205, Wisconsin Statutes, shall be attached to this application. Signature of Applicant Date Office Use Only: Building Inspector _____ Fire Inspector ____ Sanitary Inspector _____ Council Approval Date: License Number: